



American Society of Healthcare Publication Editors
Membership Application Form - 2010

Please provide the following information in full and return this form to:

American Society of Healthcare Publication Editors
8870 Darrow Road, Suite F106-155, Twinsburg, OH 44087
or fax (credit card payments only) to: 330-487-0530

- INDIVIDUAL MEMBERSHIP ... \$70.00 per year.** Open to editors and writers who work for professional and business healthcare-directed trade publications (magazines, online), healthcare association/society publications (magazines, online), and freelance writers.
- PUBLICATION MEMBERSHIP ... \$165.00 per year.** Three editors on staff at the same publication.
- CORPORATE MEMBERSHIP ... \$250.00 per year.** Up to five editors within the same publishing organization (may be on several different publications; please list all names on reverse).

Name(s) _____ Title _____ email _____
_____ Title _____ email _____
_____ Title _____ email _____

Publication _____

Company _____

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Check # _____ enclosed (payable to ASHPE) in the amount of \$ _____

Charge the following amount to my credit card (circle one): \$ _____ VISA MC AMEX

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*The American Society of Healthcare Publication Editors...
...focus is what sets us apart.*